



2165

7217/66061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Yoshikazu Kato et al.
Serial No.: 10/027,973
Filed : December 21, 2001
For : INFORMATION RETRIEVAL APPARATUS
Group A.U.: 2165
Examiner : Neveen Abel Jalil

I hereby certify that this paper is being deposited this date with the U.S. Postal Service as first class mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Jay H. Maioli

Jay H. Maioli
Reg. No. 27,213

Date
July 13, 2005

July 13, 2005
1185 Avenue of the Americas
New York, NY 10036
(212) 278-0400

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Official Action of April 27, 2005, Applicants respectfully request that the application be amended as follows:

Amendments to the claims are reflected in the listing of claims that begins on page 2 of this Amendment.

The Remarks portion begins on page 7 of this Amendment.



7217/66061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Yoshikazu Kato
Serial No. : 10/027,973
Filed : December 21, 2001
For : INFORMATION RETRIEVAL APPARATUS
Group A.U. : 2175
Date : July 13, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☒ No fee is required.
- ☐ The fee has been calculated as shown below.
- ☐ Total claims in excess of 20 previously paid for, at \$50 (\$25) ____.
- ☐ Independent claims in excess of 3 previously paid for, at \$200 (\$100) ____.
- ☐ Additional Fee for this Amendment ____.
- ☐ This response is being filed within the ____ first month, ____ second month, ____ third month, ____ fourth month, ____ fifth month following the expiration of the term originally set therefor. Applicants Petition for an extension, and the fee of ____ \$120 (\$60), ____ \$450 (\$225), \$1,020 (\$510), ____ \$1,590 (\$795), ____ \$2,160.00 (\$1,080.00) is due and paid herewith.
- ☐ The fee of \$ ____ set by 37 C.F.R § 1.17(p) for the Information Disclosure Statement is due and paid herewith.
- ☐ A check in the amount of \$ ____ is attached.
- ☒ Please charge any additional fees or credit any overpayment to Deposit Account No. 03-3125.

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